



DEPARTMENT OF THE NAVY
COMMANDER NAVY RESERVE FORCES COMMAND
1915 FORRESTAL DRIVE
NORFOLK VA 23551-4615

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COMNAVRESFORCOMNOTE 1700
N00TR
22 Mar 2021

COMNAVRESFORCOM NOTICE 1700

From: Commander, Navy Reserve Forces Command

Subj: SUICIDE PREVENTION PROGRAM

Ref: (a) DODINST 6490.16
(b) OPNAVINST 1720.4B
(c) NAVSUPACTHRINST 5820.1
(d) 2019 Navy Suicide Prevention Handbook
(e) OPNAVINST F3100.6J (NOTAL)

Encl: (1) CNRFC Suicide Prevention and Crisis Intervention Plan Response Checklist
(2) Response Plan for Distressed Callers
(3) Emergency Contacts
(4) Leader Guide and Post-Intervention Checklist

1. Purpose. To provide policy and procedures for Commander, Navy Reserve Forces Command (COMNAVRESFORCOM) Suicide Prevention Program per references (a) through (e), and to publish enclosures (1) through (4).

2. Scope and Applicability. Provisions of this notice apply to all COMNAVRESFORCOM active duty, full time support, selected reserve, civilian, and full time contractors.

3. Policy and Program. COMNAVRESFORCOM's suicide prevention program, consistent with reference (a), is implemented to support a positive command climate, promote Sailor/Civilian resilience, reduce the risk of suicide related behavior (SRB), and preserve warfighting capability. The program is designed to enable deckplate action, which focus on training, intervention, response, and reporting as core elements.

a. Training. Per references (a) and (b), COMNAVRESFORCOM will provide annual suicide prevention training to all members of their respective organizations and ensure family members have access to training, education, and information and local resources.. Training completion will be tracked via Fleet Training Management and Planning Systems (FLTMPS) and muster sheets will be maintained by the Suicide Prevention Coordinator (SPC).

(1) Suicide prevention training will be conducted at least annually for all Active Component and Reserve Component Service members. As integral members of the Navy family, Navy civilian employees and full-time contractors who work at

COMNAVRESFORCOM are required to attend command-sponsored suicide prevention training.

(2) Suicide prevention training will educate Sailors and civilians on suicide risk factors and warning signs, actions to strengthen protective factors and promote a supportive command climate, when and how to intervene appropriately, and available support resources. Training will promote the truth about seeking help and strongly encourage help-seeking behavior.

b. Intervention. To ensure timely access to services for suicidal ideations, all personnel assigned to COMNAVRESFORCOM will follow procedures in enclosure (1) and gather information utilizing enclosure (2). A key component to intervention is removing access to lethal means. Per references (a) and (b), if health professionals and commanders believe a Sailor to be at risk of suicide or causing harm to others, they must ask the Sailor to voluntarily store their privately-owned firearms and ammunition for temporary safekeeping. If a Sailor agrees to voluntarily relinquish their privately-owned firearm, the command will coordinate with Naval Support Activity (NSA) Hampton Roads installation Security Officer (SECO) or Assistant SECO to store privately owned firearms at NSA Northwest Annex per reference (c).

c. Response. Sailors and civilians experiencing a psychological health or suicidal crisis, as well as those affected by suicide including shipmates and families will receive timely and appropriate support. Enclosure (3) provides emergency contacts to include local resources such as medical personnel, chaplains, or fleet and family support center (FFSC) counselors that are available to assess the needs of the Sailor, shipmates, or family. Leadership will maintain contact with all individuals involved in a SRB and encourage Sailors to seek help.

(1) Sailor Assistance and Intercept for Life (SAIL) Program. SAIL referrals will be made within 24 hours of any SRB for military personnel. Command leadership will maintain contact with case manager provided by SAIL through FFSC or Psychological Health Outreach Program (PHOP) for Selected Reservists not on orders and ensure the case manager is able to make initial contact with the Sailor. Leadership will encourage Sailors to participate in treatment services and allow each Sailor the necessary time to attend appointments and follow-up treatment.

(2) Reintegration. Appropriate reintegration is vital to the Sailor's and command's long-term successful recovery. Reintegration must be done carefully, ensuring a proper transition between the medical provider and command leadership to ensure that the Sailor continues to receive the support needed to carry on in their careers and personal lives without feeling abandoned by their Navy team.

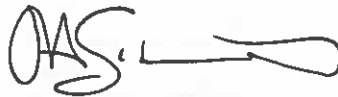
(3) Postvention. Per reference (d), enclosure (4) is designed to assist COMNAVRESFORCOM leaders in guiding their response to suicide related behaviors and suicide.

d. Reporting. Suicides and SRBs must be reported immediately using guidelines outlined in reference (e) to mobilize appropriate resources and inform command and Navy-wide suicide

prevention efforts. Additionally, the SPC must submit a SAIL referral within 24 hours for all military personnel. Per reference (a), the command must open a Department of Defense Suicide Event Report (DoDSER) within 30 days of notification of a suspected suicide.

4. Records Management. Records created as a result of this notice, regardless of media or format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.

5. Cancellation Contingency. This notice will remain in effect for one year or until new guidance is issued. COMNAVRESFORCOM SPC will review this notice annually of its effective date to ensure applicability, currency, and consistency with Department of Defense and Navy Policy.

A handwritten signature in black ink, appearing to read 'JAS', followed by a horizontal line and a loop.

J. A. SCHOMMER

Releasability and distribution:

This notice is cleared for public release and is available electronically only via COMNAVRESFOR Web site, <https://navyreserve.navy.afpims.mil/Resources/Official-Guidance/Notices/>.

22 MAR 2021



COMMANDER, NAVY RESERVE FORCES COMMAND SUICIDE PREVENTION AND CRISIS INTERVENTION PLAN

RESPONSE CHECKLIST

After receiving a report of *SUICIDAL BEHAVIOR* (Thoughts, Ideations, Gestures or Attempts) from a Sailor/Civilian:

Responder Must:

- ☐ Gather information using the Response Plan for Distressed Callers template or take record of physical conversation. Most importantly: Name, Unit, Location and Behavior Type.
- ☐ Maintain communication with Sailor/Civilian or third party.
- ☐ *****Dial 911 if immediate assistance is needed. Dial 444-3333 for immediate on-base assistance. ** *****
- ☐ Notify Sailor's/Civilian's Chain of Command (CoC) and Command Duty Officer (CDO).

Chain of Command Must:

- ☐ Relieve Sailor/Civilian of duties (if applicable).
- ☐ Contact N00CP for additional guidance WRT a civilian employee.
- ☐ Keep line of sight supervision until help is available OR transfer member to nearest treatment facility.
- ☐ Ask Sailor if he/she owns firearms.
- ☐ *****If Sailor owns firearm(s), ask the Sailor to voluntarily relinquish their registered or unregistered privately owned firearms and weapons. Coordinate with Installation SECO or ASECO for voluntary storage at NSA Northwest Annex.***
- ☐ Designate an escort to treatment facility. Escort will keep constant communication with Chain of Command and provide updates as available.
- ☐ *****Discretionary: if member is admitted to treatment facility, discuss notifying NOK with member and care team. *****
- ☐ Notify Suicide Prevention Coordinator (SPC) or Suicide Prevention Program Manager (SPPM), for a civilian employee contact the DONCEAP Program Manager in N00CP.
- ☐ Ensure initial contact is made between Sailor and SAIL or PHOP case manager after SPC submits referral.
- ☐ Draft Unit SITREP and submit to CDO for release. No SITREP is required for civilian employees.
- ☐ Provide Unit SITREP updates as applicable.

Suicide Prevention Coordinator Must:

- ☐ Notify Chief of Staff, Executive Director, and Command Master Chief (CMC).
- ☐ ******If suicide related behavior is classified as a suicide attempt by medical authority, a DoD Suicide Event Report is required to be completed by the Military Treatment Facility that provided the assessment or Tricare referral if the assessment was conducted at a civilian facility.******
- ☐ Initiate SAIL referral (for military).
- ☐ Track Data and maintain communication with Sailor's CoC or Civilian's Supervisor (if applicable).

After receiving a report of *SUICIDE* about a Sailor/Civilian:

Responder Must:

- ☐ Gather information using the Response Plan for Distressed Callers template or take record of physical conversation. Most importantly: Name, Unit, and Location of victim.
- ☐ Maintain communication with first responder.
- ☐ *****Dial 911 for immediate off base assistance. Dial 444-3333 for immediate on-base assistance. *****
- ☐ Notify Sailor's/Civilian's Chain of Command.

22 Mar 2021

Chain of Command Must:

- ☐ Contact Command Services to review Sailor's page 2 for primary next of kin information.
- ☐ Submit Personnel Casualty Report via DCIPS as soon as possible (with four hours of notification but no longer than 12 hours). Initial PCR should not be delayed due to unknown or unavailable detail.
- ☐ Draft Unit SITREP and submit to CDO for release.
- ☐ Provide Unit SITREP updates as applicable.
- ☐ Notify CACO (Casualty Assistance Calls Officer). *(See emergency numbers)*
- ☐ Notify SPPM or SPC.

Suicide Prevention Coordinator Must:

- ☐ Notify Chief of Staff, Executive Director, CMC, CDO, Legal/NCIS and Chaplain/Program Manager Work Force Relations to prepare activation of the Suicide Response/Traumatic Stress Response (TSR) Team.
- ☐ Initiate DoD Suicide Event Report <https://dodser.t2.health.mil> (initiate a DoDSER within 30 days of receiving notification of the death. Commands must make every effort to answer DoDSER questions completely to ensure DoDSER quality. "Data unavailable" or "cannot determine" responses may result in the DoDSER being returned for rework.)

If an individual is behaving in an uncharacteristic manner remember to utilize "Ask, Care, Treat" and remain calm and nonjudgmental. Start a conversation to gain more insight on current troubles and what may be causing current behavior. If any perceived safety threat to the individual or others dial 911 immediately.

Ensure access to lethal means is reduced to as low as possible. If Sailor is experiencing a crisis, assume "line of sight" control and supervision and remove anything that may be considered a hazard.

Response Plan for Distressed Callers

(e.g. Suicidal/Homicidal/Bizarre thoughts and behaviors)

Caller ID Number _____ Date/Time _____

If a distressed or suicidal person calls or comes into the office, ask for the following information.
The order in which you ask the questions may differ depending on the specific situation.

Maintain calm and provide positive communication with the person, with the intent to determine the Sailor's location and to get him or her assistance as soon as possible.

If a person calls or comes into the office and says things like, "I'm so depressed, I can't go on," or "Life isn't worth living," or "I wish I were dead," or statements implying they are thinking of harming themselves, remember to and ask the following:

- | | | | |
|---------------|-----------------------|---------------------|------------|
| ❖ BE YOURSELF | ❖ SHOW CONCERN | ❖ BE EMPATHETIC | ❖ LISTEN |
| ❖ STAY CALM | ❖ OFFER HELP AND HOPE | ❖ STAY ON THE PHONE | ❖ GET HELP |

ASK

1. May I have your name and current location (determine specific address, building number, ship's space, etc., if at all possible).

2. Are you having thoughts of suicide? Yes ____ No ____
3. Have you thought about how you would harm yourself? Yes ____ No ____
4. Try to acquire as many details on how they plan to harm themselves:

If the person has a gun, ask:

Is it loaded? Yes ____ No ____ Where is it? _____

If the person indicates he/she has taken pills, ask:

Name of the pills/medication(s): _____

How many pills were taken: _____

What time the pills were taken: _____

5. Who is there with you? _____
6. I can help you. I can get you some help. Do you want help? Yes ____ No ____
7. Are you willing to wait for help? Yes ____ No ____

EMERGENCY Contact Numbers

Call 911 or on base 444-3333

Suicide Hotline: 1-800-273-8255

Area Duty Chaplain: 757-438-3822

EMERGENCY CONTACTS AND LOCAL RESOURCES

<u>EMERGENCY CONTACTS</u>	
<u>CNRFC Command Duty Officer</u>	757-274-9554
<u>Fire /Ambulance/Police</u>	911 or 444-3333 (on base)
<u>Base Police</u>	757-836-1900
<u>NSA Hampton Roads SECO</u>	757-836-1910
<u>Area Duty Chaplain</u>	757-438-3822
<u>RESFOR Chaplain Hotline</u>	757-322-5650
<u>Base Chaplain</u>	757-836-1725/757-421-8205
<u>Duty Medical</u>	757-953-8760
<u>NMCP Emergency Room</u>	757-953-1365
<u>Sentara Norfolk Hospital Emergency Dept.</u>	757-338-3000
<u>Impact Mental Health Services Portsmouth</u>	757-399-1500
<u>NMCP Mental Health Offices</u>	757-953-9010/8751/8821
<u>NMCP Adult/Child Mental Health</u>	757-953-5269
<u>Command Casualty Assistance Calls Officer (CACO)</u>	See COMNAVRESFORCOMNOTE 5420
<u>Regional Casualty Assistance Calls Officer (CACO)</u>	757-322-2817
	Toll Free 1-866-203-7791
<u>Suicide Hotline</u>	1-800-273-TALK (8255)
<u>National Hope Line Network</u>	1-800-784-2433
<u>Fleet and Family</u>	757-444-2102
<u>Military OneSource</u>	757-342-9647
<u>Psychological Health Resource Center</u>	1-866-966-1020
<u>Physiological Health Outreach Program (PHOP)</u>	1-866-578-7467
<u>DON Civilian Employee Assistance Program</u>	1-844-366-2327
<u>AFTER WORKING HOURS COMMAND NUMBERS</u>	
<u>Chief of Staff</u>	401-440-0986
<u>Executive Director</u>	757-692-6448
<u>Command Master Chief</u>	757-685-2607
<u>Suicide Prevention Program Manager</u>	YNC Marisa Mason (W) 757-322-5747 (C) 304-218-3025
<u>Suicide Prevention Coordinator</u>	YNC Marisa Mason (W) 757-322-5747 (C) 304-218-3025

LEADER GUIDE AND POSTVENTION CHECKLIST

Purpose: This checklist is designed to assist leaders in guiding their response to suicide related behaviors and suicide. Research suggests the response by a unit's leadership can play a role in the prevention of additional suicides/suicide events or, in worst cases, inadvertently contribute to increased suicides/suicide attempts (suicide contagion). It is a guide intended to support a leader's judgment and experience. The checklist does not outline every potential contingency which may come from a suicide or suicide attempt.

****A single suicide death impacts approximately 115 individuals - Exposure heightens the risk for Suicide in others. It is important to provide a "safety net" around those exposed and impacted.****

Guidance for Work Integration Following a Suicide Ideation/Attempt

1. A person who has experienced a crisis may find returning to work to be comforting (a sense of normalcy) or distressing. Help maintain a sense of purpose and belongingness within the command for the returning member. Work may need to be tailored to accommodate for medical/Mental Health follow-up appointments and assessed abilities of the person upon their return. The goal is to gradually return to full duties as appropriate.

a. If Active Duty: Ensure Active Duty Member is cleared for return to duty by Mental Health and their Primary Care Manager. Consultation between Mental Health/Primary Care Manager and Command can ensure a work schedule that accommodates the active duty member, provides additional supervision and support without risk of showing secondary gain for having suicidal ideations.

Recommendations:

- "No Alcohol" order
- Non-weapons bearing duties
- Secure personal weapons, providing an alternative (i.e., installation armory)

b. If civilian: Recommend discussing alcohol and weapons. Engage with employee to ensure they provide documentation indicating they are medically cleared by their treating medical/Mental Health provider to return to the work environment. Coordinate with the Program Manager, Work Force Relations on accommodations (if required) to work schedule and work environment.

2. A returning member should not be treated as fragile or "damaged". If they sense they are being "singled out" or treated differently in the presence of peers, it can damage the recovery process. Freely speak with the employee about being receptive to their thoughts on returning to work and how to avoid either their, or your, perception of "walking on egg shells."

3. Consider leave requests carefully. Support the employee by ensuring leave requests involve structured time or planned events that will enhance them as they take time away from work.

4. Ensure all members of the unit are aware that seeking Mental Health is a sign of strength and helps protect mission and family by improving personal functioning instead of having personal suffering.

5. Never underestimate the power of the simple statement: "What can I do to be helpful to your recovery process?" or "How can I help?"

6. Consult with Mental Health providers to develop a supportive plan to re-integrate the Service member into the workplace.

7. Engage family and support networks to increase support and surveillance of the Service member. Encourage family and friends to reach out to the unit if they become concerned about the Service members emotional state.

Enclosure (4)

Guidance for Actions Following a Death by Suicide

1. Chain of Command and SPC will consult with Mental/Behavioral Health provider and/or Chaplain to prepare announcement to unit and co-workers.
2. Make initial announcement to work site with a balance of "need to know" and rumor control. Consider having Chaplain and Department of the Navy Civilian Employee Assistance Program (DONCEAP) present for support to potentially distraught personnel, but avoid using a "psychological debriefing" model. Make initial announcement to work site/unit.
3. When speaking to the work site/unit, avoid announcing specific details of the suicide. Merely state it was a suicide or reported suicide. Do not mention the method used. Location is announced as either on-installation or off-installation. Do not announce specific location, who found the body, whether or not a note was left, or why the member may have killed himself/herself.
4. Avoid idealizing deceased or conveying the suicide is different from any other death. Consult with Mental/Behavioral Health, the Chaplain, and Chain of Command for any actions being considered for memorial response.
5. When engaging in public discussions of the suicide:
 - a. Express sadness at the loss and acknowledge the grief of the survivors
 - b. Reiterate to the audience to seek assistance when distressed
 - c. Encourage Service Members to be attuned to those who may be grieving or having a difficult time following the suicide, especially those close to the deceased
 - d. Provide brief reminder of warning signs for suicide
6. After death announcement is made to the work center, follow-up your comments in an e-mail provided to the community affected. Restate the themes noted above.
7. Increasing leadership presence in the work area immediately following announcement of death. Engage informally with personnel and communicate message of support and information. Presence initially should be fairly intensive and then decrease over the next 30 days to a tempo you find appropriate.
8. Consult with Chaplain regarding Unit Sponsored Memorial Services. Memorial services are important opportunities to foster resilience by helping survivors understand, heal, and move forward in as healthy a manner as possible.
9. Utilize or refer grieving co-workers installation resources. For Military beneficiaries, consider Mental Health, Chaplain, Service member & Family Readiness, and Military One Source (1-800-342-9647). For civilians, consider Department of the Navy Civilian Employee Assistance Program (DONCEAP available 24/7 at 1-844-366-2327).
10. Anniversaries of suicide (1 month, 6 month, 1 year, etc.) are periods of increased risk. Promote healthy behaviors during this time period and be attuned to those who may be grieving or having a difficult time.